

SAMPLE - PROVIDER NETWORK CONTRACTING ENTITY EXEMPTION OF AFFILIATES FORM

1. Names of the provider network contracting entity applying for the exemption of affiliates under Insurance Code Section 1458.055:

2. Provider network contracting entity's mailing address:

3. Provider network contracting entity's main telephone number:

() -

4. Provider network contracting entity's primary contact name:

5. Provider network contracting entity's primary contact telephone number:

() -

6. Describe the method the provider network contracting entity uses to disclose and clearly define the relationships between the applicant and all listed affiliates of the applicant, including subsidiary networks and other networks.

7. List each affiliate, with affiliate's address, for which an exemption is requested (add pages as necessary):
